

GATEKEEPER QUESTIONNAIRE

Local Unit Name _____ Bus. Telephone No. () _____

Address _____ Contact Name/Position _____

Prospective Group Information

1) Total number of eligible employees _____ 3) Current number of COBRA continuees _____

2) Total number of employees to be included in this plan _____

Please answer A through D to the best of your knowledge:

A) Are there any employees currently away from work due to a mental or physical disability? ☐ Yes ☐ No
If "yes", please explain:

B) Have any employees or dependents incurred claims in excess of \$10,000 in the last 12 months? ☐ Yes ☐ No

C) Are any employees or dependents currently receiving treatment for any of the conditions listed below? If yes, please check the appropriate box(es).

☐ Aids/Immune Disorders

☐ Cancer/Tumor

☐ Cardiovascular

☐ Diabetes

☐ Epilepsy

☐ Emphysema/Pulmonary

☐ Heart Disease

☐ Kidney

☐ Liver

☐ Lupus

☐ Multiple Sclerosis

☐ Neurological

☐ Stroke/Paralysis

D) Are any employee or dependents pregnant? ☐ Yes ☐ No

If "Yes", how many? _____

I represent to the best of my knowledge the information I have furnished is accurate and includes any employees and dependents that have elected continuation of insurance benefits.

Signature

Title

Date